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CONFIRMATION NO. 3713

<b>SERIAL NUMBER</b> 10/528,742	<b>FILING OR 371(c) DATE</b> 10/06/2005 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> JJM0620USPCT	
<b>APPLICANTS</b> Deborah Addison, Keasden, GBN, UNITED KINGDOM; Alicia J. Essler, Skipton, GBN, UNITED KINGDOM; Breda M. Cullen, Skipton, GBN, UNITED KINGDOM; Derek W. Silcock, Skipton, GBN, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/04118 09/25/2003 which claims benefit of 60/486,445 07/14/2003					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0222527.4 09/27/2002					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 27777					
<b>TITLE</b> Wound treatment device					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		